

## ENGINEER-IN-TRAINING LONG FORM

### APPLICATION INSTRUCTIONS

The following instructions have been prepared to assist you in completing your application for registration. Proper attention to details will avoid delays in processing and will help expedite its final acceptance. Failure to completely and properly fill out your form will not only cause delays, but may result in the inability to be approved for the examination. The completed application form and required fees should be sent to the Board's address as shown below. Make checks and money orders payable to the **Washington State Treasurer**.

**PLEASE NOTE:** *Applications received without payment cannot be processed, will not be considered a timely submission, and will be returned to the applicant.*

### WHO SHOULD USE THIS APPLICATION

If you have a **non-approved engineering degree**, you must apply by a combination of education and experience

If you have a **non-engineering degree**, you must apply by a combination of education and experience

If you are applying by experience only

### HOW TO REACH THE BOARD

Send Application & fee to:	Board of Registration P.O. Box 9048 Olympia, WA 98507-9048
Send supporting documents to:	Board of Registration P.O. Box 9025 Olympia, WA 98507-9025
Web site:	<a href="http://www.dol.wa.gov/engineers/engfront.htm">http://www.dol.wa.gov/engineers/engfront.htm</a>
E-mail:	<a href="mailto:engineers@dol.wa.gov">engineers@dol.wa.gov</a>
Telephone:	(360) 664-1575
Fax:	(360) 664-2551

### APPLICATION DEADLINES

Application forms and appropriate fees must be submitted to the board offices or postmarked **no later than four (4) months** prior to the date of scheduled examinations.

All Supporting materials, such as verifications and transcripts, must be submitted to the Board or postmarked **no later than three (3) months** prior to the date of scheduled examinations.

### EDUCATION

List your educational background in the space allocated. An official transcript from your school(s) is required to confirm any education you wish to have credited towards your experience requirement. **Photocopies are not acceptable.**

### EXPERIENCE DESCRIPTION/VERIFICATION

EXPERIENCE DESCRIPTION/VERIFICATION forms are for you to describe your engineering experience and to have that experience verified. Experience must be gained under the supervision of a licensed professional engineer and verified by that engineer unless you are working in an exempted position, such as federal service or the manufacturing industry (*RCW 18.43.130*).

If you have ten years or less of engineering experience, it must all be verified. If you have more than ten years of engineering experience, at least the most recent ten years of that experience must be verified. Employment periods of less than one month do not have to be verified.

After you have completed the applicant's portion of the verification form, send it to your supervisor. The supervisor completes his/her portion of the form and returns it directly to the Board's office. *If it is absolutely impossible to have some of your experience verified, it is imperative that you provide a written explanation of the circumstances for the Board's information. This experience cannot be counted but your application will not be held up pending receipt of the verification form.*

**PLEASE NOTE:** *The required experience must be completed sixty days before the date of an exam to be eligible for that exam (WAC 196-12-020).*

After evaluation of the application and documentation, you will be advised in writing whether you have been approved for the examination; or if additional information is required. If your application is complete and you have been approved for the examination, you will receive a letter that contains information necessary for you to register for the examination with Engineering and Land Surveying Examination Services (ELSSES).



FOR VALIDATION ONLY

## APPLICATION FOR REGISTRATION AS AN ENGINEER-IN-TRAINING – LONG FORM

*Show your name as you want it to appear on the wall certificate. The first, last, and middle name will be in proper order on the certificate.*

**Make remittance payable to: State Treasurer**  
**Send this application with your remittance to:**  
**PO Box 9048**  
**Olympia, WA 98507-9048**

APPLICANT'S NAME <i>(Last, first, middle)</i>			MAIDEN NAME <i>(If any – will not appear on certificate)</i>		
BIRTHDATE	SOCIAL SECURITY NO. <i>(Required per RCW 26.23.150)</i>		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY
PRESENT POSITION		BUSINESS NAME			
BUSINESS LOCATION ADDRESS		CITY	STATE	ZIP	COUNTY
BUSINESS TELEPHONE NO. ( )	E-MAIL ADDRESS		RESIDENCE TELEPHONE NO. ( )		
Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> EIT <input type="checkbox"/> PE <input type="checkbox"/> LSIT <input type="checkbox"/> PLS Date Applied: _____					

### EDUCATIONAL BACKGROUND

NAME AND LOCATION OF COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE		CURRICULUM	DEGREE/DATE
	FROM	TO		

Has any court or licensing jurisdiction taken action against you for your practice in engineering or land surveying?  
 If yes, please attach explanation on additional sheet. ☐ Yes ☐ No  
 Have you ever been convicted of or entered a plea of *nolo contendere* to any criminal offense?  
 If yes, please attach explanation on additional sheet. ☐ Yes ☐ No

### CERTIFICATION

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X** \_\_\_\_\_

APPLICANT'S SIGNATURE

*Administrative services provided by the Department of Licensing which has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-1575 or TTY (360) 664-8885.*



Please list your employers/events below beginning with the most recent. This list is to encompass the entire time from leaving college (if applicable) or beginning your engineering career to the present time. Those periods while in school, unemployed, or non-engineering work must also be included. If not verifying an event, indicate "NO".

[illegible]



STATE OF WASHINGTON  
**BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**  
P.O. BOX 9025 • OLYMPIA, WASHINGTON 98507-9025

*Forms may be photocopied for additional events*

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**WORK EXPERIENCE DESCRIPTION**

Event No. \_\_\_\_\_

**This Page To Be Completed By Applicant.** *It must be included with the application before any action will be taken by the Board.*

**If 10 years or less of experience, it must all be verified. If more than 10 years of experience, at least the most recent 10 years of experience must be verified.**

Applicant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Employed By \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Supervisor's Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Job Description *(This description must be concise, specifically detailing job duties and responsibilities. Inadequate description will be returned to the applicant for completion.)*

***This form must be sent to supervisor by the applicant and returned to the Board's office no later than three (3) months before the examination.***

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## PROFESSIONAL EXPERIENCE VERIFICATION

### This Page To Be Completed By Supervisor

Name of person completing this form: \_\_\_\_\_

Do you concur with the job title and description, including time, type of work and duties listed on reverse? ☐ Yes ☐ No

Do you consider the experience to be (see definitions below): ..... ☐ Professional ☐ Sub-Professional

Comments: \_\_\_\_\_

\_\_\_\_\_

Further comments on the applicant's ability, character, professional attitude and responsibility in the work performed:

\_\_\_\_\_

\_\_\_\_\_

**X**

SIGNATURE

DATE

PROFESSIONAL  
ENGINEER  
SEAL OR STAMP

STREET ADDRESS

CITY, STATE, ZIP

PROFESSIONAL REGISTRATION NO.

STATE

**SUPERVISOR:** If not a licensed PE, are you an engineer? ☐ Yes ☐ No

If yes, do you have an engineering degree? ☐ Yes ☐ No

Number of years of engineering experience: \_\_\_\_\_ years.

If you are not a PE, was there a PE in the company during this period? ☐ Yes ☐ No

(If yes, name of PE: \_\_\_\_\_)

**Return to:** Board of Registration for Professional  
Engineers and Land Surveyors  
P.O. Box 9025  
Olympia, WA 98507-9025

**Sub-Professional Experience** includes routine efforts requiring application of prescribed standards of technical knowledge. Little to no decision making or original analysis or syntheses is made in developing the results. The work is done under the direction of a supervisor that assumes responsibility for the results.

**Professional Experience** includes work performed under the general guidance of performance standards requiring engineering knowledge and education. Original thinking in the analysis and/or syntheses of engineering problems is required to achieve the end result. The engineer has the ability to make decisions pertaining to his or her work and assumes technical responsibility in developing the end result.

***This form must be returned by the supervisor to the Board's office no later than three (3) months before the exam.***